Topics

• issues influencing IC/HH in Europe

• IC/HH prevention and control is in progress...

• Possible areas for learning and improvement
Topics

• Issues influencing IC/HH in Europe

• Patient safety and HAI prevention and control is in progress...

• Possible areas for learning and improvement
Issues influencing IC/HH in Europe - 1

• Demography and healthcare evolution
  – Increasing number of people > 65 (in some regions they are close to 25% of the population)
  – Increasing number of people affected by multi morbidity (i.e. frail elderly)
  – Increasing number of settings for healthcare

• Equity in health among and within Countries is an issue;
  – i.e. life expectancy at birth, access to healthcare services

• “Crisis” affects differently European Countries with different effects on health, health services and patient safety
  – i.e. Greece example
Issues influencing IC(HH in Europe- 2

• Different policies and rules in running the healthcare systems
  – Centralised / decentralised
  – Financing and reimbursement systems
  – Quality and safety standards (mostly defined at Country/Regional level)
  – Relevant role of
    • Primary care
    • Social services integrated with healthcare services
Issues influencing in Europe - 3

• Different histories / traditions in Infection Control and Hospital Hygiene (IC/HH) among countries
  – The case of “IC/HH”

• HAI prevention and control poorly coordinated with patient safety

• Many good practices at Country/Regional level in HAI prevention and control
  – Non homogeneously distributed
  – Few cases exported outside a single Country
Issues influencing IC/HH in Europe

• Differences in education and training systems
  – The case of nursing schools
  – Differences in training and recognition of Infection Control professionals

• Different languages
  – Many citizens have a limited knowledge of foreign languages
  – This is true also for Healthcare Professionals
Topics

• Issues influencing IC/HH in Europe

• Patient safety and HAI prevention and control is in progress...

• Possible areas for learning and improvement
8. Adopt and implement a strategy at the appropriate level for the prevention and control of healthcare associated infections, pursuing the following objectives:

a) implement prevention and control measures at national or regional level to support the containment of healthcare associated infections and in particular;

b) enhance infection prevention and control at the level of the healthcare institutions in particular by encouraging healthcare institutions to have in place;

c) establish or strengthen active surveillance systems;

d) foster education and training of healthcare workers;

e) improve the information to the patients by healthcare institutions;

f) support research in fields such as epidemiology, the applications of nanotechnologies and nanomaterials, new preventive and therapeutic technologies and interventions and on the cost-effectiveness of infection prevention and control.
HAI in European Union

The point prevalence report\textsuperscript{29} and the Commission’s first implementation report indicate that Member States should focus their efforts on ensuring more comprehensive surveillance of HAI in surgical site infections, intensive care units and other long-term care facilities.

Further measures by Member States are needed to improve the ascertainment of HAI, through the development of national diagnostic guidelines, continued training of healthcare workers in applying case definitions of HAI and the reinforcement of laboratory and other diagnostic capacity in healthcare institutions.

More specifically, the Europe-wide point prevalence survey – highlighted the need to ensure:

- adequate numbers of specialised infection control staff in hospitals and other healthcare institutions
- sufficient isolation capacity for patients infected with clinically relevant microorganisms in acute care hospitals
- standardised surveillance of alcohol hand rub consumption.
Council conclusions on patient safety and quality of care, including the prevention and control of healthcare-associated infections and antimicrobial resistance

(2014/C 438/05)

28. INVITES THE MEMBER STATES TO:

(d) Promote the education and training of healthcare staff on patient safety and healthcare-associated infections, taking into account the relevant work of the ECDC, including the ECDC’s technical document ‘Core competencies on infection control and hospital hygiene professionals in the European Union’ (1), as well as relevant WHO recommendations, with a view to promoting the availability of appropriately trained staff, including specialised infection control staff, in healthcare settings;

(e) Encourage health professional organisations to build an inter-professional patient safety culture which allows integrated and high-quality processes of care;
Council conclusions on patient safety and quality of care, including the prevention and control of healthcare-associated infections and antimicrobial resistance

(2014/C 438/05)

(l) Develop professional guidelines on the prudent use of antibiotics, including the monitoring of prescriptions;

(m) Continue to devote special attention to antimicrobial resistance as stated in the Council Conclusions of 22 June 2012, as well as monitor the consumption of antimicrobial agents and implement the surveillance of antimicrobial resistance, including participation in EU surveillance networks on these issues as coordinated by the European Centre for Disease Prevention and Control and the European Medicines Agency;
Progress report on the Action plan against the rising threats from Antimicrobial Resistance

A. APPROPRIATE USE OF ANTIMICROBIALS ................................................................. 5
   Action 1: Strengthen the promotion of the appropriate use of antimicrobials in human medicine .............. 5

B. PREVENT MICROBIAL INFECTIONS AND THEIR SPREAD ........................................ 9
   Action 4: Strengthen infection prevention and control in healthcare settings ........................................ 9

E. MONITORING AND SURVEILLANCE ................................................................. 16
   Action 9: Strengthen surveillance systems on AMR and antimicrobial consumption in human medicine .. 16
2. Welcomes the improvement of the HAI surveillance system in the EU and the other recent measures put in place by certain Member States to improve general patient safety and reduce the incidence of HAIs, and more particularly the progress made by Member States in developing patient safety strategies and programmes, including patient safety in health legislation, and in developing reporting and learning systems;

3. Notes, however, that the second implementation report still shows uneven progress among Member States on patient safety, and regrets the fact that some Member States have obviously slowed down implementation of the Council recommendations among others, possibly as a consequence of financial constraints resulting from the economic crisis;
GENERAL PROVISIONS

Article 1

Subject matter and scope

1. This Directive provides rules for facilitating the access to safe and high-quality cross-border healthcare and promotes cooperation on healthcare between Member States, in full respect of national competencies in organising and delivering healthcare. This Directive also aims at clarifying its relationship with the existing framework on the coordination of social security systems, Regulation (EC) No 883/2004, with a view to application of patients’ rights.
Healthcare-associated infections

Approximately 4,100,000 patients are estimated to acquire a healthcare-associated infection in the EU each year. The number of deaths occurring as a direct consequence of these infections is estimated to be at least 37,000 and these infections are thought to contribute to an additional 110,000 deaths each year.

The most frequent infections are urinary tract infections, followed by respiratory tract infections, infections after surgery, bloodstream infections, and others (including diarrhea due to *Clostridium difficile*). Meticillin-resistant *Staphylococcus aureus* (MRSA) is isolated in approximately 5% of all healthcare-associated infections.

Approximately 20–30% of healthcare-associated infections are considered to be preventable by intensive hygiene and control programmes.

**IN FOCUS**

**Supporting the WHO "SAVE LIVES: Clean Your Hands" campaign, 5 May 2015**

To support the WHO “SAVE LIVES: Clean your Hands” campaign, ECDC launches two directories with online resources: Guidance on hand hygiene in healthcare and Guidance on healthcare-associated and ventilator-associated pneumonia. HAI Net - the ECDC network on HAI surveillance releases new tools.
European HAI definition

HAI Surveillance

IC/HH training
Training infection control and hospital hygiene professionals in Europe, 2010: agreed core competencies among 33 European countries

S Brusaferro¹, B Cookson², S Kalenic³, T Cooper⁴, J Fabry⁵, R Gallagher⁶, P Hartemann⁷, K Mannerquist⁸, W Popp⁹, G Privitera¹⁰, C Ruel¹¹, P Viale¹², F Colz¹, E Fabbro (ellsa.fabbro@unilud.it)¹³, C Suetens¹⁴, CVarela Santos¹⁵, National representatives of the Training Infection Control In Europe (TRICE) project

<table>
<thead>
<tr>
<th>Area</th>
<th>Domain</th>
<th>Number of competencies</th>
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<tbody>
<tr>
<td>Programme management</td>
<td>Elaborating and advocating an infection control programme</td>
<td>7</td>
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<tr>
<td></td>
<td>Management of an infection control programme, workplan and projects</td>
<td>20</td>
</tr>
<tr>
<td></td>
<td>Contributing to quality management</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td>Contributing to risk management</td>
<td>2</td>
</tr>
<tr>
<td>Quality improvement</td>
<td>Performing audits of professional practices and evaluating performance</td>
<td>9</td>
</tr>
<tr>
<td></td>
<td>Infection control training of employees</td>
<td>5</td>
</tr>
<tr>
<td></td>
<td>Contributing to research</td>
<td>2</td>
</tr>
<tr>
<td>Surveillance and Investigation of healthcare-associated infections</td>
<td>Designing a surveillance system</td>
<td>8</td>
</tr>
<tr>
<td></td>
<td>Managing (implementation, follow-up, evaluation) a surveillance system</td>
<td>9</td>
</tr>
<tr>
<td></td>
<td>Identifying, investigating and managing outbreaks</td>
<td>7</td>
</tr>
<tr>
<td>Infection control activities</td>
<td>Elaborating infection control interventions</td>
<td>14</td>
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<tr>
<td></td>
<td>Implementing infection control procedures in healthcare</td>
<td>5</td>
</tr>
<tr>
<td></td>
<td>Contributing to reducing antimicrobial resistance</td>
<td>8</td>
</tr>
<tr>
<td></td>
<td>Advising appropriate laboratory testing and use of laboratory data</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>Decontamination and sterilisation of medical devices</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td>Controlling environmental sources of infections</td>
<td>2</td>
</tr>
</tbody>
</table>
Harmonizing and supporting infection control training in Europe

S. Brusaferro a,*, L. Arnoldo a, G. Cattani a, E. Fabbro a, B. Cookson b, R. Gallagher c, P. Hartemann d, J. Holt e, S. Kalenic f, W. Popp g, G. Privitera h, V. Prikazsky i, C. Velasco i, C. Suetens i, C. Varela Santos i

[...] that aimed to: define an agreed methodology and standards for the evaluation of IC/HH courses and training programmes; develop a flexible IC/HH taxonomy; and implement an easily accessible web tool in ‘Wiki’ format for IC/HH professionals. This paper reviews several
The FEM Wiki content is divided into a number of chapters. Pages in each of the chapters have a latest community version (corresponding to the version of the page that was most recently edited by a member of the FEM), and an expert reviewed version (the last version that was reviewed by a domain expert).

**Taxonomy Browser**

- Expand all / collapse all
- Assessing the burden of disease and risk assessment
- General Communication
- Intervention
- Public Health Informatics — (approved version)
- Public Health Law
- Public Health Programs
- Uncategorised

**Taxonomy Key**

- Page Title
- Stub page with no content
- Page Title
- Page with no expert approved version
- Page Title
- Latest version is expert reviewed
- Page Title — (approved version)
- Latest version is not expert reviewed. Click (approved version) to view the last expert reviewed version.

**Tag Cloud**

- Bias case definition
Free movement of professionals

Do you want to practise your profession or provide services in another EU country? Do you need to declare your professional qualifications or have them recognised?

On this site, you will find the EU law governing recognition of professional qualifications, including the directives regulating certain professions.

The site gives detailed explanations of EU legislation covering:

- temporary mobility (temporary provision of services)
- automatic recognition of professional qualifications
- recognition of professional experience in certain activities
- the "general system"

Contact points

There are contact points in every EU country that can give you information on the recognition of your professional qualifications (national law, procedures to be followed) and guide you through the administrative formalities you need to complete. You can also use the one-stop shop provided for by the "Services directive".

Cooperation

National authorities may need to cooperate with each other when considering your application for recognition. They may also use the IMI system to facilitate cooperation.
“The systematic maintenance, *improvement and continuous* acquisition and/or reinforcement of the lifelong knowledge, skills and competences of health professionals. It is pivotal to meeting patient, health service delivery and individual professional learning needs. The term acknowledges not only the wide ranging competences needed to practise high quality care delivery but also the multi-disciplinary context of patient care.”
**PaSQ**
European Union Network for Patient Safety and Quality of Care

**Exchange Events**

- **Prevention of catheter-associated bloodstream infections in children**
  - Safe, Potentially safe PSP
  - Not proven effective PSP
  - Not implemented PSP
  - Not evaluated PSP
  - Literature Review PSP
  - GOP

- **Intensive Care Unit without walls**

- **Five Steps to Safer Surgery**

- **Educating staff to enhance patient communication and prevent suicide**

- **Hand hygiene compliance observations between coworkers**

- **Reducing waiting time to Myocardial Perfusion Imaging**

**Inpatient Falls**

Webinar session about sharing the England experience of how Inpatient Falls are dealt with using a systematic approach

- **Clinical Risk Management strategy**
- **Infection control by microbiological teams**
- **Effectiveness of an electronic alert system to prevent venous thromboembolism in hospitalised patients**
- **Small information posters to prevent errors**
- **Practical solution to remember small changes in daily routine**
- **Ventriculat-associated pneumonia prevention program in the ICU**
- **Antibiotic prophylaxis of surgical wound infection**
- **Expert standards in nursing**
- **Create a multidisciplinary unit to manage the risks relating to patient safety**
- **A computer alert system to prevent allergic reactions to drugs due to administration errors in the Hospital**
Towards a European network to promote infection prevention for patient safety

In the last years there have been some important EU institutional initiatives that impact on patient safety and specifically on Healthcare Associated Infections (HAI):

- The European Centre for Disease Control and Prevention (ECDC) set a specific team on Healthcare Associated Infections (HAI),
- in 2009 European Commission published a "Council Recommendation on Patient Safety, including the prevention and control of Health-Care Associated Infections" where HAI risk and ways to control it are mentioned specifically,
- in April 2011 European Parliament and the Council formally adopted a Directive on the application of patients’ rights in cross-border healthcare, which provides more clarity about possibilities to seek healthcare in another Member State and clarifies who is responsible for quality and safety of care in cross-border settings.
- The European Commission adopted last November 2011 a legislative "Proposal for a new Health Growth Programme" where one of the objectives is increasing access to medical expertise and information for specific conditions also beyond national borders and developing shared solutions and guidelines to improve healthcare quality and patient safety.

A number of European scientific and professional societies involved in HAI prevention are convinced that the present epidemiological situation, the frequency of HAI, and cross-border movements of citizens, patients and healthcare staff needs international initiatives particularly at a European level.

EUNETIPS is representing 8,000 healthcare workers all over Europe.

NEWS

WHO SAVE LIVES: Clean Your Hands
SL: CYH Newsletter
16 June 2015

Pierre Parneix, member of EUNETIPS board, was elected new president of SF2H.

Congratulations!

A Swedish e-learning program to prevent healthcare associated infections: Standard precautions

www.eunetips.eu
<table>
<thead>
<tr>
<th>Country</th>
<th>Institution</th>
</tr>
</thead>
<tbody>
<tr>
<td>Belgium</td>
<td>BICS Belgian Infection Control Society</td>
</tr>
<tr>
<td>Bulgaria</td>
<td>NCIPD National HAI Reference Centre, National Centre Infection &amp; Parasitic</td>
</tr>
<tr>
<td></td>
<td>BAPD Bulgarian Association For Patients' Defense</td>
</tr>
<tr>
<td></td>
<td>BULNOSO Bulgarian Association For Prevention and Infection Control</td>
</tr>
<tr>
<td>Croatia</td>
<td>Croatian Society for Medical Microbiology and Parasitology, Section for HCAI</td>
</tr>
<tr>
<td>Denmark</td>
<td>FSFH Danish Society for Infection Control Nurses</td>
</tr>
<tr>
<td></td>
<td>DSKM Danish Society of Clinical Microbiology</td>
</tr>
<tr>
<td>France</td>
<td>SF2H French Society of Hospital Hygiene</td>
</tr>
<tr>
<td>Germany</td>
<td>DGKH German Society of Hospital Hygiene</td>
</tr>
<tr>
<td>Hungary</td>
<td>Hungarian Society for Infection Control</td>
</tr>
<tr>
<td>Italy</td>
<td>SIMPIOS Italian Multidisciplinary Society for the Prevention of Infections</td>
</tr>
<tr>
<td></td>
<td>in Healthcare Organizations</td>
</tr>
<tr>
<td></td>
<td>SITI SOCIETÀ ITALIANA DI IGIENE Medicina Preventiva e Sanità Pubblica</td>
</tr>
<tr>
<td>Kosovo</td>
<td>NIPH National Institute of Public Health Kosova</td>
</tr>
<tr>
<td>Malta</td>
<td>MALTA College of pathologists</td>
</tr>
<tr>
<td>Netherlands</td>
<td>VHIG Dutch Society of Infection Prevention and Control in the Health Care</td>
</tr>
<tr>
<td></td>
<td>Setting</td>
</tr>
<tr>
<td>Portugal</td>
<td>APIH Associação Portuguesa de Infecção Hospitalar</td>
</tr>
<tr>
<td>Romania</td>
<td>RSM Romania Society of Microbiology</td>
</tr>
<tr>
<td>Serbia</td>
<td>SAPIC Serbian Association of Prevention and Infection Control</td>
</tr>
<tr>
<td>Spain</td>
<td>SEMPSPH Spanish Society for Prevention Medicine, Public Health and Hospital</td>
</tr>
<tr>
<td>Sweden</td>
<td>SAIC Swedish Association for Infection Control</td>
</tr>
<tr>
<td>United Kingdom</td>
<td>BIA British Infection Association</td>
</tr>
<tr>
<td></td>
<td>HIS Healthcare Infection Society</td>
</tr>
<tr>
<td></td>
<td>IPS Infektion Prevention Society</td>
</tr>
<tr>
<td></td>
<td>RCN Royal College of Nursing</td>
</tr>
</tbody>
</table>

- 24 scientific and professional societies
- More than 8,000 IC/HH professionals
<table>
<thead>
<tr>
<th>Undergraduate level/Postgraduate level/Continuous Professional Development and Continuing Learning</th>
<th><strong>European Credit Transfer System (ECTS)</strong></th>
<th><strong>Timing</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Medicine and Surgery, Dental Medicine</td>
<td>- at least 1 ECTS on prevention and control of infectious risk and hospital hygiene; - at least 1 ECTS on patient safety</td>
<td>- at the very beginning of field attachment to healthcare organizations - at the last term before graduation</td>
</tr>
<tr>
<td>Bachelor and Master of Health Professions</td>
<td>- at least 1 ECTS on prevention and control of infectious risk and hospital hygiene; - at least 1 ECTS on patient safety</td>
<td>- at the very beginning of field attachment to healthcare organizations - at the last term before graduation</td>
</tr>
<tr>
<td>Bachelor and Master in: - Biological sciences - Biotechnology - Pharmaceutical sciences and technologies - Pharmacy and Industrial Pharmacy</td>
<td>- at least 1 ECTS on prevention and control of infectious risk and hospital hygiene;</td>
<td>- at the last term before graduation</td>
</tr>
</tbody>
</table>

**EUNETIPS draft proposal to European Countries for IC/HH training**
<table>
<thead>
<tr>
<th>Postgraduate level – Public Health Specialization/Master degree</th>
<th>- at least 3 ECTS on patient safety and on prevention and control of infectious risk and hospital hygiene</th>
<th>- to be in accordance with specific curricula</th>
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</thead>
<tbody>
<tr>
<td>Postgraduate level – other medical and non-medical Schools of Specialization / Master degrees</td>
<td>- at least 3 ECTS on patient safety and on prevention and control of infectious risk and hospital hygiene, to be in accordance with specific curricula</td>
<td>- to be in accordance with specific curricula</td>
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<tr>
<td>Master degrees 1° and 2° level Educational courses specific on patient safety and HAI control</td>
<td>- from 10 ECTS (Educational courses) to 60 ECTS (Master degree)</td>
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</tr>
<tr>
<td>Continuous Professional Education / Continuing Learning</td>
<td>- at least 1 ECTS</td>
<td>- every 3 years</td>
</tr>
</tbody>
</table>

EUNETIPS draft proposal to European Countries for IC/HH training
Plans and activities

Promotion of shared positions

Web site www.eunetips.eu

Lobbying at international level

Promotion of shared positions

Shared knowledge about societies

Sharing documents, video, etc.

Promotion of studies, training initiatives, etc.
Topics

• Issues influencing IC/HH in Europe

• Patient safety and HAI prevention and control is in progress...

• Possible areas for learning and improvement
<table>
<thead>
<tr>
<th>Area</th>
<th>Domain</th>
<th>Need for EU Cooperation/Support n=30 rank by frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1. Programme management</strong></td>
<td>Elaborating and advocating an infection control programme.</td>
<td>5. 23.3% (7)</td>
</tr>
<tr>
<td></td>
<td>Management of an infection control programme, work plan and project.</td>
<td>3. 33.3% (10)</td>
</tr>
<tr>
<td><strong>2. Quality improvement</strong></td>
<td>Contributing to quality management</td>
<td>4. 26.6% (8)</td>
</tr>
<tr>
<td></td>
<td>Contributing to risk management</td>
<td>2. 36.7% (11)</td>
</tr>
<tr>
<td></td>
<td>Performing audits of professional practices and evaluating performance</td>
<td>2. 36.7% (11)</td>
</tr>
<tr>
<td></td>
<td>Infection control training of employees</td>
<td>4. 26.6% (8)</td>
</tr>
<tr>
<td></td>
<td>Contributing to research</td>
<td>1. 40.0% (12)</td>
</tr>
<tr>
<td><strong>3. Surveillance and Investigation of HAIs</strong></td>
<td>Designing a surveillance system</td>
<td>6. 16.7% (5)</td>
</tr>
<tr>
<td></td>
<td>Managing (implementation, follow up, evaluation) a surveillance system</td>
<td>2. 36.7% (11)</td>
</tr>
<tr>
<td></td>
<td>Identifying, investigating and managing outbreaks</td>
<td>3. 33.3% (10)</td>
</tr>
<tr>
<td><strong>4. Infection Control Activities</strong></td>
<td>Elaborating Infection Control Interventions</td>
<td>5. 23.3% (7)</td>
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<td>Implementing Infection Control Healthcare procedures</td>
<td>4. 26.6% (8)</td>
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<td>Contributing to reducing antimicrobial resistance (AMR)</td>
<td>3. 33.3% (10)</td>
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<td>Advising appropriate laboratory testing and use of laboratory data</td>
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<td>Decontamination and sterilization of medical devices</td>
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<td></td>
<td>Controlling environmental sources of infections</td>
<td>5. 23.3% (7)</td>
</tr>
</tbody>
</table>
Coordination and synergy at European, national and regional level

• Among different stakeholders
  – EU
  – Member states
  – Regions
  – European and national agencies
  – Scientific and professional societies
  – Academic institutions

• With other sectors
  – Insurances
  – professionals and patients cross border movement
  – Etc.
Safety is one:

• Building bridges between the “two worlds”
  – Patient safety
  – HAI prevention and control

• Sharing of Best Practices
  – i.e. BPs Repository

• “cross contamination” of methods and tools
We should move towards shared standards in Europe

• Development and endorsement of “basic” standards” for
  – Patient safety
  – HAI prevention and control
  – Quality of care

• Engaging stake holders
  – Professional bodies
  – Scientific and professional societies
  – Insurances
  – Public and private organizations
  – Etc.
Training healthcare professionals

• Infection Control /Hospital Hygiene training for professionals
  – ECTS (European Credit Transfer and Accumulation System) adoption
  – All HCWs
    • Minimum credits amount for all HCWs
      – Pre graduation
      – Post graduation
      – Continuous Professional Education
  – IC/HH Professional (ECDC Core Competencies)
    • Standardized training
    • Core Competencies recognition
Thank you for your attention!

- Complexity
- Standardization
- Measurement
- Action
- Education / Training

**EUNETIPS**
European network to promote infection prevention for patient safety